

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form. J2  
BA

PLAINTIFF	James A. Fleming # 150479	COURT CASE NUMBER	9:13-cv-3377-DCN-BM
DEFENDANT	Medical Nurse et al William Brown	TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN William Brown		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 4444 Broad River Rd Columbia SC 29210		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
James A. Fleming #150479 KCI MSU 4344 Broad River Rd Columbia SC 29210		Number of parties to be served in this case	6
		Check for service on U.S.A.	UN

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

William is an officer of the SCDC

Fold

RECEIVED  
FEB 21 PM 12:42  
UNITED STATES MARSHAL  
COLUMBIA, SC

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
James A. Fleming	<input type="checkbox"/> DEFENDANT	N/A	11/22/13

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 71	District to Serve No. 71	Signature of Authorized USMS Deputy or Clerk Brenda Soncina	Date 2/21/13
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service 3/3/14	Time pm	am
	Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
		8.00				

REMARKS: 2/27/14 1st ENDY Cert mail RR \$13.29  
(SCDC could not accept) 8A

I Declare Under Penalty Of Perjury  
That The Foregoing Is True And Correct

Brenda Soncina

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William T. Brown

2. Art 7011 1150 0001 6756 4038  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

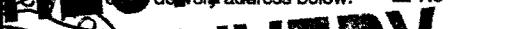
## A. Signature

  
 Agent  
 Addressee

## B. Received by (Printed Name)

  
 Yes, delivery address different from item 1.  Yes  
 No

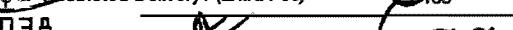
Delivery address below:  No



## 3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

  
 Yes  
 No

Domestic Return Receipt

102595-02-M-1540